Fill in this inform	ation to identify your case:	
Debtor 1	Rochelle N. Coates, II	
Debtor 2 (Spouse, if filing)		
United States Ba	ankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	
Case number (If known)	23-10982	Check if this is: ■ An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106I	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	t 1: Describe Employment							
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse				
	If you have more than one job,	Empleyment status	■ Employed	■ Employed				
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed				
	employers.	Occupation	home health aide	assistant				
	Include part-time, seasonal, or self-employed work.	Employer's name	Patriot Home Care Inc.	The harper Boyer Group, LLC				
	Occupation may include student or homemaker, if it applies.	Employer's address	5700 North Broad Street Philadelphia, PA 19141					
		How long employed to	here? 2 years					

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 3,309.58 0.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 3,309.58 0.00

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Rochelle N. Coates, II	_	(Case	number (if know	n)	23-10)982		
					For Debtor 1			For Debtor 2 or non-filing spouse			
	Cor	py line 4 here	4.		\$	3,309.5	8	\$	-tiling s	0.00	
	·				· —	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	. —			-
5.	Lis	t all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a		\$_	634.8		\$		0.00	_
	5b.	·	5b		\$_	0.0	_	\$		0.00	-
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5d 5d		\$ \$	0.0	_	\$		0.00	-
	5u. 5e.	Insurance	5e		\$ _	0.0 0.0	_	\$ 		0.00	-
	5f.	Domestic support obligations	5f.		\$_	0.0	_	\$		0.00	_
	5g.	Union dues	50		\$	0.0		\$_		0.00	_
	5h.	Other deductions. Specify:		1.+	\$	0.0		+ \$		0.00	_
6.	Add	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	634.8	1	\$		0.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,674.7	7	\$		0.00	-
8.	Lis : 8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0.0		Ф.	·	_	-			-
	8b.	monthly net income. Interest and dividends	8a 8b		\$ \$	0.0		\$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent		, .	Ψ_	0.0	U	Ψ		0.00	-
		regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80		\$_	0.0		\$		0.00	_
	8d.	. ,	80		\$_	0.0		\$		0.00	_
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e) .	\$_	0.0	0	\$		0.00	_
	OI.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$_	0.0		\$		0.00	_
	8g.	Pension or retirement income	80		\$_	0.0		\$		0.00	-
	8h.	, protesta territoria.	8h	1.+	\$_	300.0				0.00	_
		familt assitance	_	_	\$_	300.0	<u>U</u>	\$		0.00	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	5	\$	600.0	0	\$		0.00	D
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		3,274.77 +	\$		0.00	= \$	3,274.77
10.		If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		3,214.11	Ψ		0.00	- [•] -	3,214.11
11.	Sta Incl othe Do	te all other regular contributions to the expenses that you list in Schedule lude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify:	depe					•	Schedule 11.		0.00
12.	Wri	d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certainlies							12.	\$	3,274.77
											y income
13.	Do	you expect an increase or decrease within the year after you file this form No.	?								-
		Yes. Explain:									

Official Form 106l Schedule I: Your Income page 2